

# CITY OF VICTORVILLE TRANSIENT OCCUPANCY TAX STATEMENT

QUARTER ENDING DATE \_\_\_\_\_

NAME OF HOTEL \_\_\_\_\_

LOCATION \_\_\_\_\_

1. Gross rent for occupancy of rooms or camp-ground spaces. \$ \_\_\_\_\_
  
2. Allowable deductions for rent paid by residents staying more than 30 consecutive days. **Deduction on this line must be substantiated by Exemption forms.** \$ \_\_\_\_\_
  
3. Taxable rents: Line 1 minus Line 2 \$ \_\_\_\_\_
  
4. Tax 7.00% of Line 3 \$ \_\_\_\_\_
  
5. Adjustment of prior reports for residents who complete 30 consecutive days of occupancy to qualify as exempt. **Deduction on this line must be substantiated by Exemption forms.**  
 \$ \_\_\_\_\_ x 7.00% \$ \_\_\_\_\_
  
6. Adjusted tax (Line 4 minus Line 5) \$ \_\_\_\_\_
  
7. **PENALTY FOR LATE PAYMENT (IF APPLICABLE):** Payment becomes delinquent on the first day of the second month following the close of the reporting period. Penalty 10% of unpaid tax, plus interest of .5% of unpaid tax during the first two months of delinquency, followed by additional interest of .5% of unpaid tax per month until paid.
 

Penalty	\$ _____
Interest	\$ _____
  
8. Total Due \$ \_\_\_\_\_

I declare, under penalty of perjury, that to the best of my knowledge, the statements herein are true and correct.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_

**Make check or money order payable to: CITY OF VICTORVILLE**  
**Mail to:** City of Victorville, Finance Department, 14343 Civic Drive, Victorville, CA 92392-2399  
 Telephone: (760) 955-5000 • FAX: (760) 245-6646

<b>FOR CITY USE ONLY</b>		
RECEIPT NO. _____	DATE _____	RECEIPTED BY _____

**CITY OF VICTORVILLE  
TRANSIENT OCCUPANCY TAX EXEMPTION FORM**

PERIOD: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

LOCAL TELEPHONE: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED IN ORDER TO TAKE A TRANSIENT  
OCCUPANCY TAX EXEMPTION ON YOUR NEXT TRANSIENT OCCUPANCY  
TAX PAYMENT TO THE CITY OF VICTORVILLE**

**THIS IS TO CERTIFY THAT THE GUEST BELOW IS EXEMPT FROM TRANSIENT  
OCCUPANCY TAX.**

Guest stayed in this facility for 31 or more consecutive days. Not transferrable to another guest.			
Guest(s) Name (Print)	Date of Occupancy From: _____ To: _____	Room #	Rent Amount \$
Guest(s) Signature(s)			
Permanent Mailing Address:			
City	State	ZIP Code	

PRINT OPERATOR NAME: \_\_\_\_\_

OPERATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**MAIL THIS COMPLETED FORM  
WITH YOUR NEXT TRANSIENT OCCUPANCY TAX REPORT**